



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

February 17, 2026

Licensee  
The Friendship Place LLC  
152 King Street West  
Saint Paul, MN 55107

RE: Project Number(s) SL34771016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 22, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

### **DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Renee L. Anderson, Supervisor

State Evaluation Team

Email: [Renee.L.Anderson@state.mn.us](mailto:Renee.L.Anderson@state.mn.us)

Telephone: 651-201-5871 Fax: 1-866-890-9290

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34771</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | (X3) DATE SURVEY COMPLETED<br><br><b>01/22/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE FRIENDSHIP PLACE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>152 KING STREET WEST<br/>SAINT PAUL, MN 55107</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                     |
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| 0 000                                                               | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL34771016-0</p> <p>On January 20, 2026, through January 22, 2026,<br/>the Minnesota Department of Health conducted a<br/>full survey at the above provider and the following<br/>correction orders are issued. At the time of the<br/>survey, there were three residents; three<br/>receiving services under the Assisted Living<br/>Facility license.</p> | 0 000                                                                  | <p>Minnesota Department of Health is<br/>documenting the State Licensing<br/>Correction Orders using federal software.<br/>Tag numbers have been assigned to<br/>Minnesota State Statutes for Assisted<br/>Living License Providers. The assigned<br/>tag number appears in the far left column<br/>entitled "ID Prefix Tag." The state Statute<br/>number and the corresponding text of the<br/>state Statute out of compliance is listed in<br/>the "Summary Statement of Deficiencies"<br/>column. This column also includes the<br/>findings which are in violation of the state<br/>requirement after the statement, "This<br/>Minnesota requirement is not met as<br/>evidenced by." Following the surveyors'<br/>findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF<br/>THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES. The letter in the left column is<br/>used for tracking purposes and reflects<br/>the scope and level pursuant to 144G.31<br/>Subd. 1, 2 and 3.</p> |  |                                                     |
| 0 480<br>SS=F                                                       | <p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum<br/>requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food<br/>must be prepared and served according to the<br/>Minnesota Food Code, Minnesota Rules, chapter</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 480                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                     |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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| 0 480                                                               | Continued From page 1<br><br>4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;<br>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;<br>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;<br>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part | 0 480                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 480                                                               | <p>Continued From page 2</p> <p>4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 21, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p> | 0 480                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 660                                                               | Continued From page 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 660                                                                  |                                                                                                                          |  |                                                     |
| 0 660<br>SS=D                                                       | <p><b>144G.42 Subd. 9 Tuberculosis prevention and control</b></p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing for one of two employees (unlicensed personnel (ULP)-C).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 660                                                               | <p>Continued From page 4</p> <p>The findings include:</p> <p>The Facility TB Risk Assessment dated October 18, 2025, identified the facility was at a low risk for TB transmission.</p> <p>ULP-C was hired on May 19, 2024, and provided cares and services to licensee residents.</p> <p>ULP-C's Baseline TB Screening Tool for Health Care Workers (HCWs) dated April 19, 2024, indicated ULP-C had no symptoms related to TB. ULP-C completed a Quantiferon Gold TB blood test dated April 4, 2021, which was greater than 90 days prior to ULP-C's date of hire by the licensee.</p> <p>On January 21, 2026, at 10:30 a.m., clinical nurse supervisor (CNS)-C stated the licensee completed a TB symptom screening for ULP-C, and ULP-C provided a previously completed Quatiferon Gold TB blood test, dated April 4, 2021. CNS-C stated he was not aware the TB test needed to be completed upon each date of hire and believed the testing could be transferred from one employment to another.</p> <p>The Minnesota Department of Health (MDH) guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include the following: a team responsible for TB infection control; a facility TB risk assessment; written TB infection control procedures; and HCW education. The guidelines also indicate an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 660                                                               | Continued From page 5<br><br>IGRA (serum blood test) or TST-tuberculin skin test (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB screening should be documented in the employee's record.<br><br>The licensee's Tuberculosis Screening policy, dated January 6, 2026, indicated all new staff will have a blood test or a two-step Mantoux conducted with results documented on the Baseline TB Screening Tool for all healthcare workers.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                     | 0 660                                                                                         |                                                                                                                          |  |                                                     |
| 0 810<br>SS=F                                                       | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. | 0 810                                                                                         |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>34771</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>01/22/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE FRIENDSHIP PLACE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>152 KING STREET WEST<br/>SAINT PAUL, MN 55107</b>                            |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 810                                                               | <p>Continued From page 6</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated January 21, 2026 for the specific violations</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

|                                                                     |                                                                                                                                                           |                                                                           |                                                                                                                          |                          |                                                        |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>34771</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/22/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE FRIENDSHIP PLACE LLC</b> |                                                                                                                                                           |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>152 KING STREET WEST<br/>SAINT PAUL, MN 55107</b>                            |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                              | ID<br>PREFIX<br>TAG                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| 0 810                                                               | Continued From page 7<br><br>related the physical environment under Minnesota<br>Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days | 0 810                                                                     |                                                                                                                          |                          |                                                        |



Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

THE FRIENDSHIP PLACE LLC  
152 King Street West  
St Paul, MN 55107  
Ramsey County  
Parcel:  
  
Phone:

### License Info

License: HFID 34771  
  
Risk:  
License:  
Expires on:  
CFPM: Koshin Hassan  
CFPM #: FM108022; Exp: 9/24/2027

### Inspection Info

Report Number: F1039261017  
Inspection Type: Full - Single  
Date: 1/21/2026 Time: 13:40  
Duration: minutes  
Announced Inspection:  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 1  
Total Priority 3 Orders: 0  
Delivery: Emailed

### New Order: 4-300 Equipment Numbers and Capacities

4-302.13B      *Priority Level: Priority 2   CFP#: 48*

*MN Rule 4626.0710B* Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

COMMENT: NO UTENSIL SURFACE TEMPERATURE THERMOMETER. PERSON-IN-CHARGE WILL ACQUIRE A MAX-HOLD WATERPROOF THERMOMETER OR THERMO TEST STRIPS TO MEASURE DISHWASHING MACHINE TEMPERATURE.

*Comply By: 2/4/2026      Originally Issued On: 1/21/2026*

## Food & Beverage General Comment

MILK - COLD HOLD, KITCHEN COOLER - 37 DEGREES  
FREEZER - FROZEN  
MUFFIN - HOLD, BASEMENT COOLER - 40 DEGREES F  
BASEMENT FREEZER - FROZEN

This inspection was completed as part of MDH HRD assisted living facility survey. The inspection was conducted with the person-in-charge and reviewed with MDH HRD nurse evaluator Jolene Bertelsen.

The kitchen is of residential build and must serve food for same-day service only.

The kitchen has wood cabinets with hollow base and laminate countertops, a stainless steel worktable laminate floor, painted walls and ceiling. These kitchen finishes and surfaces are in good repair, clean and well maintained. A freezer, refrigerator and food stores are present in basement.

A 2-compartment sink is present in kitchen. 1 compartment is designated for handwashing only.

A residential dishwashing machine is present in the kitchen.

Verified hand sink correctly set-up, gloves, Chlorine test strips, probe thermometer.

Discussed the following with the person-in-charge: food source, foodborne illness symptoms and exclusion of ill employees, handwashing, cleaning, sanitizing, order on this report.

**NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

**I acknowledge receipt of the Metro District Office inspection report number F1039261017 from 1/21/2026**



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Koshin Hassan  
person-in-charge

---

Aron Goodner,  
Public Health Sanitarian  
651-201-4910  
aron.goodner@state.mn.us



Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164

## Sanitizer Observations/Recordings

Page: 1

### Establishment Info

THE FRIENDSHIP PLACE LLC  
St Paul  
County/Group: Ramsey County

### Inspection Info

Report Number: F1039261017  
Inspection Type: Full  
Date: 1/21/2026  
Time: 13:40

**Sanitizing Chemical:** Product: Chlorine; **Sanitizing Process:** Spray Bottle

**Location:** Equal To 50 PPM

Comment:

*Violation Issued?: No*

**Sanitizing Equipment:** Product: Hot Water; **Sanitizing Process:** Dish Machine

**Location:** Greater Than 160 Degrees F.

Comment: BY THERMO TEST STRIP, RESULT EMAILED BY OPERATOR

*Violation Issued?: No*

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                         |                        |
|---------------------------------------------------------|------------------------|
| Project No: SL34771016-0                                | Date: January 21, 2026 |
| Facility Name: THE FRIENDSHIP PLACE LLC                 |                        |
| Facility Address: 152 KING STREET W, ST. PAUL, MN 55107 |                        |

☒ TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]
- Comments: The FSEP, from a third-party consultant, included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine, and Extinguish or Evacuate).*
2. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]
- Comments: The FSEP did not identify specific fire protection actions for residents. There was no section in the plan that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency.*